DEATH BY MEDICINE

Unnecessary treatments for women's health problems and poor care of the elderly in so many nursing homes are symptomatic of a medical/health system in need of immediate attention.

Part 3 of 3

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WOMEN'S EXPERIENCE IN MEDICINE

Briefly, we will look at the medical iatrogenesis of women in particular. Dr Martin Charcot (1825–1893) was world-renowned, the most celebrated doctor of his time. He practised in the Paris hospital La Salpetrière. He became an expert in hysteria, diagnosing an average of 10 hysterical women each day, transforming them into "iatrogenic monsters", turning simple "neurosis" into hysteria.[96] The number of women diagnosed with hysteria and hospitalised rose from 1% in 1841 to 17% in 1883. Hysteria is derived from the Latin *hystera*, meaning "uterus".

Dr Adriane Fugh-Berman stated very clearly in her paper that there is a tradition in US medicine of excessive medical and surgical interventions on women. Only 100 years ago, male doctors decided that female psychological imbalance originated in the uterus. When surgery to remove the uterus was perfected, it became the "cure" for mental instability, effecting a physical and psychological castration. Dr Fugh-Berman noted that US doctors eventually disabused themselves of that notion but have continued to treat women very differently than they treat men.[97] She cites the following:

1. Thousands of prophylactic mastectomies are performed annually.
2. One-third of US women have had a hysterectomy before menopause.
3. Women are prescribed drugs more frequently than are men.
4. Women are given potent drugs for disease prevention, which results in disease substitution due to side effects.
5. Foetal monitoring is unsupported by studies and not recommended by the CDC.[98] It confines women to a hospital bed and may result in higher incidence of Caesarean section.[99]
6. Normal processes such as menopause and childbirth have been heavily medicalised.
7. Synthetic hormone replacement therapy (HRT) does not prevent heart disease or dementia. It *does* increase the risk of breast cancer, heart disease, stroke and gall bladder attack.[100]

We would add that as many as one-third of postmenopausal women use HRT.[101, 102] These numbers are important in light of the much-publicised Women's Health Initiative Study, which was forced to stop before its completion because of a higher death rate in the synthetic oestrogen–progestin (HRT) group.[103]

Caesarean Section

In 1983, 809,000 Caesarean sections (21% of live births) were performed, making it the most common obstetric and gynaecologic (OB/GYN) surgical procedure. The second most common OB/GYN operation was hysterectomy (673,000), and diagnostic dilation and curettage of the uterus (632,000) was third. In 1983, OB/GYN operations represented 23% of all surgery completed in the United States.[104]

In 2003, Caesarean section was still the most common OB/GYN surgical procedure. Approximately four million births occur annually, with a 26.1% C-section rate, i.e., one million operations.[105a] According to earlier reports from The Netherlands in 1995, only 8% of babies were delivered by Caesarean section.[105b] Assuming human babies are similar in the USA and in The Netherlands, and using those statistics, 700,000 unnecessary C-sections are performed in the United States annually, with a three to four times higher mortality rate and 20 times greater morbidity rate than vaginal delivery.

The Caesarean section rate was only 4.5% in the US in 1965. By 1986 it had climbed to 24.1%. Sakala stated that obviously an "uncontrolled pandemic of medically

unnecessary Caesarean births is occurring".[106] VanHam reported a Caesarean section postpartum haemorrhage rate of 7%, a haematoma formation rate of 3.5%, a urinary tract infection rate of 3%, and a combined postoperative morbidity rate of 35.7% in a high-risk population undergoing Caesarean section.[107]

The greatest cause of morbidity in vaginal births is anorectal tearing. In a study of 20,500 women, 5% required an episiotomy and 67 patients (.0033%) experienced wound disruption that required surgical correction resulting in a "satisfactory outcome".[107a]

NEVER ENOUGH STUDIES

Scientists used the excuse that there were never enough studies revealing the dangers of DDT and other dangerous pesticides to ban them. They also used this excuse around the issue of tobacco, claiming that more studies were needed before they could be certain that tobacco really caused lung cancer. Even the American Medical Association (AMA) was complicit in suppressing results of tobacco research. In 1964, the Surgeon-General's report condemned smoking; however, the AMA refused to endorse it. What was their reason? They needed more research. Actually, what they really wanted was more money and they got it from a consortium of tobacco companies that paid the AMA US$18 million over the next nine years, during which the AMA said nothing about the dangers of smoking.[108]

Today, scientists continue to use the excuse that they need more studies before they will lend their support to restrict the inordinate use of drugs.

The *Journal of the American Medical Association* (*JAMA*), "after careful consideration of the extent to which cigarettes were used by physicians in practice", began accepting tobacco advertisements and money in 1933. State journals such as the *New York State Journal of Medicine* also began to run Chesterfield ads, claiming that cigarettes are "Just as pure as the water you drink…and practically untouched by human hands". In 1948, *JAMA* argued that "more can be said in behalf of smoking as a form of escape from tension than against it...there does not seem to be any preponderance of evidence that would indicate the abolition of the use of tobacco as a substance contrary to the public health".[109]

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OVERVIEW OF STATISTICAL TABLES AND FIGURES

Adverse Drug Reactions

The Lazarou study[1] was based on statistical analysis of 33 million US hospital admissions in 1994. Hospital records for prescribed medications were analysed. The number of serious injuries due to prescribed drugs was 2.2 million; 2.1% of in-patients experienced a serious adverse drug reaction; 4.7% of all hospital admissions were due to a serious adverse drug reaction; and fatal adverse drug reactions occurred in 0.19% of in-patients and 0.13% of admissions. The authors concluded that a projected 106,000 deaths occur annually due to adverse drug reactions.

We used a cost analysis from a 2000 study in which the increase in hospitalisation costs per patient suffering an adverse drug reaction was $5,483. Therefore, costs for the Lazarou study's 2.2 million patients with serious drug reactions amounted to $12 billion.[1, 49]

Serious adverse drug reactions commonly emerge after Food and Drug Administration approval. The safety of new agents cannot be known with certainty until a drug has been on the market for many years.[110]

Bedsores

Over one million people develop bedsores in US hospitals every year. It's a tremendous burden to patients and family, and a $55 billion health care burden.[7] Bedsores are preventable with proper nursing care. It is true that 50% of those affected are in a vulnerable age group of over seventy. In the elderly, bedsores carry a fourfold increase in the rate of death. The mortality rate in hospitals for patients with bedsores is between 23% and 37%.[8] Even if we just take the 50% of people over 70 with bedsores and the lowest mortality at 23%, that gives us a death rate due to bedsores of 115,000.

Critics will say that it was the disease or advanced age, not the bedsores, that killed the patient, but our argument is that an early death due to being denied proper care deserves to be counted. It is only after counting these unnecessary deaths that we can then turn our attention to fixing the problem.

Malnutrition in Nursing Homes

The General Accounting Office (GAO), a special investigative branch of US Congress, gave citations to 20% of the nation's 17,000 nursing homes for violations between July 2000 and January 2002. Many violations involved serious physical injury and death.[111]

A report from the Coalition for Nursing Home Reform states that at least one-third of the nation's 1.6 million nursing home residents may suffer from malnutrition and dehydration, hastening their death. The report calls for adequate nursing staff to help feed patients who aren't able to manage a food tray by themselves.[11] It is difficult to place a mortality rate on malnutrition and dehydration. This Coalition report states that malnourished residents, compared with well-nourished hospitalised nursing home residents, have a five-fold increase in mortality when they are admitted to hospital. So, if we take one-third of the 1.6 million nursing home residents who are malnourished and multiply that by a mortality rate of 20%,[8, 14] we find 108,800 premature deaths due to malnutrition in nursing homes.

Nosocomial Infections

The rate of nosocomial [i.e., hospital-related] infections per 1,000 patient days has increased 36%, from 7.2 in 1975 to 9.8 in 1995. Reports from more than 270 US hospitals showed that the nosocomial infection rate itself had remained stable over the previous 20 years with approximately five to six hospital-acquired

infections occurring per 100 admissions, which is a rate of 5–6%. However, because of progressively shorter in-patient stays and the increasing number of admissions, the actual number of infections increased.

It is estimated that in 1995, nosocomial infections cost $4.5 billion and contributed to more than 88,000 deaths in the USA—one death every six minutes.[9] The 2003 incidence of nosocomial mortality is quite probably higher than in 1995 because of the tremendous increase in antibiotic-resistant organisms. *Morbidity and Mortality Weekly Report* found that nosocomial infections cost $5 billion annually in 1999.[10] This is a $0.5 billion increase in four years. The present cost of nosocomial infections may now be in the order of $5.5 billion.

Out-patient Iatrogenesis

Dr Barbara Starfield in a 2000 *JAMA* paper presents us with well-documented facts that are both shocking and unassailable:[12]

1. The US ranks 12th out of 13 countries in a total of 16 health indicators. Japan, Sweden and Canada were first, second and third.
2. More than 40 million people have no health insurance.
3. 20% to 30% of patients receive contraindicated care.

Dr Starfield warns that one cause of medical mistakes is the overuse of technology, which may create a "cascade effect" leading to more treatment. She urges the use of ICD (International Classification of Diseases) codes which have designations called: "Drugs, Medicinal, and Biological Substances Causing Adverse Effects in Therapeutic Use" and "Complications of Surgical and Medical Care" to help doctors quantify and recognise the magnitude of the medical error problem.

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Starfield says that, at present, deaths actually due to medical error are likely to be coded according to some other cause of death. She concludes that, against the backdrop of the abysmal US health report card compared to the rest of the Westernised countries, we should recognise that the harmful effects of health care interventions account for a substantial proportion of excess deaths in the USA.

Starfield cites Weingart's 2000 paper, "Epidemiology of Medical Error", on out-patient iatrogenesis. And Weingart, in turn, cites Johnson and Bootman, who asked pharmacists to estimate the probability of adverse outcomes occurring as a result of out-patient drug treatment. Statistics showed that between 4% and 18% of consecutive patients in out-patient settings suffer an iatrogenic event leading to:[112]

1. 116 million extra physician visits;
2. 77 million extra prescriptions;
3. 17 million emergency department visits;
4. 8 million hospitalisations;
5. 3 million long-term admissions;
6. 199,000 additional deaths;
7. $77 billion in extra costs.

IT'S A GLOBAL ISSUE

A survey published in the *Journal of Health Affairs* pointed out that between 18% and 28% of people who were recently ill had suffered from a medical or drug error in the previous two years. The study surveyed 750 recently ill adults in five different countries. The breakdown by country showed 18% of those in Britain, 25% in Canada, 23% in Australia, 23% in New Zealand, and 28%, the highest percentage, in the United States.[113]

HEALTH INSURANCE FRAUD

A recent finding by the Institute of Medicine is that the 41 million Americans without health insurance have consistently worse clinical outcomes than those who are insured, and are at increased risk for dying prematurely.[114]

When doctors bill for services they do not render, advise unnecessary tests or screen everyone for a rare condition, they are committing insurance fraud. The US General Accounting Office (GAO) gave a 1998 figure of $12 billion lost to fraudulent or unnecessary claims, and reclaimed $480 million in judgements in that year. In 2001, the Federal government won or negotiated more than $1.7 billion in judgements, settlements and administrative impositions in health-care fraud cases and proceedings.[115]

WAREHOUSING OUR ELDERS

It is only fitting that we end this report with acknowledgement of our elders. The moral and ethical fibre of society can be judged by the way it treats its weakest and most vulnerable members. Some cultures honour and respect the wisdom of their elders, keeping them at home—the better to continue participation in their community. However, American nursing homes, where millions of the nation's elders die, represent the pinnacle of social isolation and medical abuse.

Here are some important statistics about nursing homes:

1. In America at any one time, approximately 1.6 million elderly people are confined to nursing homes. By 2050, that number could be 6.6 million.[11, 116]
2. A total of 20% of all deaths from all causes occur in nursing homes.[117]
3. Hip fractures are the single greatest reason for nursing home admissions.[118]
4. Nursing homes represent a reservoir for drug-resistant organisms due to overuse of antibiotics.[119]

Congressman Waxman reminded us that "as a society we will be judged by how we treat the elderly" when he presented a report that he sponsored, "Abuse of Residents is a Major Problem in US Nursing Homes" on July 30, 2001. The report uncovered that one third—5,283 of the nations' 17,000 nursing homes—were cited for an abuse violation in the two-year period studied, January 1999–January 2001.[116] Waxman stated that "the people who cared for us deserve better". He also made it very clear that this was only the tip of the iceberg and there is much more abuse occurring that we don't know about or ignore.[116a]

The major findings of the report were:

- Over 30% of nursing homes in the US were cited for abuses, totalling more than 9,000 abuse violations;
- 10% of nursing homes had violations that caused actual physical harm to residents, or worse;
- Over 40% or 3,800 abuse violations were only discovered after a formal complaint was filed, usually by concerned family members;
- Many verbal abuse violations were found;

• Occasions of sexual abuse were discovered;
• Incidents of physical abuse causing numerous injuries such as fractured femur, hip, elbow, wrist and other injuries were reported.

Dangerously understaffed nursing homes lead to neglect, abuse, overuse of medications and physical restraints. An exhaustive study of nurse-to-patient ratios in nursing homes was mandated by Congress in 1990. The study was finally begun in 1998 and took four years to be completed.[120]

Commenting on the study, a spokesperson for the National Citizens' Coalition for Nursing Home Reform, said: "They compiled two reports of three volumes each, thoroughly documenting the number of hours of care residents must receive from nurses and nursing assistants to avoid painful, even dangerous, conditions such as bedsores and infections. Yet it took the Department of Health and Human Services and Secretary Tommy Thompson only four months to dismiss the report as 'insufficient'."[121]

Bedsores occur three times more commonly in nursing homes than in acute care or veterans' hospitals.[122] But we know that bedsores can be prevented with proper nursing care. It shouldn't take four years for someone to find out that proper care of bedsores requires proper staffing. In spite of such urgent need in nursing homes where additional staff could solve so many problems, we hear the familiar refrain, "Not enough research"—one that merely buys time for those in charge and relegates another smouldering crisis to the backburner.

Since many nursing home patients suffer from chronic, debilitating conditions, their assumed cause of death is often unquestioned by physicians. Some studies show that as many as 50% of deaths due to restraints, falls, suicide, homicide and choking in nursing homes may be covered up.[123, 124] It is quite possible that many nursing home deaths are attributed, instead, to heart disease, which until our report was the number one cause of death. In fact, researchers have found that heart disease may be over-represented in the general population as a cause of death on death certificates by 7.9% to 24.3%. In the elderly, the over-reporting of heart disease as a cause of death is as much as twofold.[125]

When elucidating iatrogenesis in nursing homes, some critics have asked, "To what extent did these elderly people already have life-threatening diseases that led to their premature deaths anyway?" Our response is that if a loved one dies one day, one week, one year, a decade or two decades prematurely, thanks to some medical misadventure, that is still a premature, iatrogenic death. In a legalistic sense perhaps more weight is placed on the loss of many potential years compared to an additional few weeks, but this attitude is not justified in an ethical or moral sense.

The fact that there are very few statistics on malnutrition in acute-care hospitals and nursing homes shows the lack of concern in this area. A survey of the literature turns up very few American studies. Those that do appear are foreign studies in Italy, Spain and Brazil. However, there is one very revealing American study conducted over a 14-month period that evaluated 837 patients in a 100-bed subacute-care hospital for their nutritional status. Only 8% of the patients were found to be well nourished. Almost one-third (29%) were malnourished and almost two-thirds (63%) were at risk of malnutrition. The consequences of this state of deficiency were that 25% of the malnourished patients required readmission to an acute-care hospital compared to 11% of the well-nourished patients. The authors concluded that malnutrition reached epidemic proportions in patients admitted to this sub-acute-care facility.[126]

Many studies conclude that physical restraints are an underreported and preventable cause of death. Whereas administrators say they must use restraints to prevent falls, in fact these cause more injury and death because people naturally fight against such imprisonment. Studies show that compared to no restraints, the use of restraints carries a higher mortality rate and economic burden.[127–129] Studies found that physical restraints, including bedrails, are the cause of at least one in every 1,000 nursing home deaths.[130–132]

However, deaths caused by malnutrition, dehydration and physical restraints are rarely recorded on death certificates. Several studies reveal that nearly half of the listed causes of death on death certificates for older persons with chronic or multi-system disease are inaccurate.[133] Even though one in five people dies in nursing homes, the autopsy rate is only 0.8%.[134] Thus, we have no way of knowing the true causes of death.

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Overmedicating Seniors

The CDC seems to be focusing on reducing the number of prescriptions to children, but a 2003 study found overmedication of US elderly. Dr Robert Epstein, chief medical officer of Medco Health Solutions, Inc. (a unit of Merck & Co.), conducted the study on drug trends.[72] He found that seniors are going to multiple physicians and getting multiple prescriptions and using multiple pharmacies. Medco oversees drug benefit plans for more than 60 million Americans, including 6.3 million senior citizens who received more than 160 million prescriptions. According to the study, the average senior receives 25 prescriptions annually. In those 6.3 million seniors, a total of 7.9 million medication alerts were triggered—fewer than half that number, 3.4 million, were detected in 1999. About 2.2 million of those alerts indicated excessive dosages unsuitable for senior citizens and about 2.4 million indicated clinically inappropriate drugs for the elderly.

Reuters interviewed Kasey Thompson, director of the Center on Patient Safety at the American Society of Health System Pharmacists, who said: "There are serious and systemic problems with poor continuity of care in the United States." He said this study shows "the tip of the iceberg" of a national problem.

According to Drug Benefit Trends, the average number of prescriptions dispensed per non-Medicare HMO member per year rose 5.6% from 1999 to 2000—from 7.1 to 7.5 prescriptions. The average number dispensed for Medicare members increased

5.5%—from 18.1 to 19.1 prescriptions.[136] The number of prescriptions in 2000 was 2.98 billion, with an average per-person prescription amount of 10.4 annually.[137]

In a study of 818 residents of residential care facilities for the elderly, 94% were receiving at least one medication at the time of the interview. The average intake of medications was five per resident. The authors noted that many of these drugs were given without a documented diagnosis justifying their use.[138]

Unfortunately, seniors and groups like the American Association for Retired Persons (AARP) appear to be dependent on prescription drugs and are demanding that coverage for drugs be a basic right.[139] They have accepted the overriding assumption from allopathic medicine that aging and dying in America must be accompanied by drugs in nursing homes and eventual hospitalisation with tubes coming out of every orifice. Instead of choosing between drugs and a diet/lifestyle change, seniors are given the choiceless option of either high-cost patented drugs or low-cost generic drugs. Drug companies are attempting to keep the most expensive drugs on the shelves and to suppress access to generic drugs, in spite of stiff fines of hundreds of millions of dollars from the government.[140, 141] In 2001, some of the world's biggest drug companies, including Roche, were fined a record £523 million (US$871 million) for conspiring to increase the price of vitamins.[142]

We would urge AARP, especially, to become more involved in prevention of disease and not to rely so heavily on drugs. At present, the AARP recommendations for diet and nutrition assume that seniors are getting all the nutrition they need in an average diet. At most, they suggest extra calcium and a multiple vitamin/mineral supplement.[143] This is not enough, and in our next report we will show how to live a healthier life without unnecessary medical intervention.

We, as a society, must take responsibility for the way in which we deal with those who are unable to care for themselves.

We would like to send the same message to the Hemlock Society, which offers euthanasia options to chronically ill people, especially those in severe pain. What if some of these chronic diseases are really lifestyle diseases caused by deficiency of essential nutrients, lack of care, inappropriate medication or lack of love? This question is extremely important to consider when you are depressed or in pain. We must look to healing those conditions before offering up our lives.

Let's also look at the irony of underuse of proper pain medication for patients that really need it. For example, in one particular study, pain management was evaluated in a group of 13,625 cancer patients, aged 65 or over, living in nursing homes. Overall, almost 30%, or 4,003 patients, reported pain. However, more than 25% received absolutely no pain relief medication; 16% received a World Health Organization (WHO) level-one drug (mild analgesic); 32% a WHO level-two drug (moderate analgesic); and only 26% received adequate pain-relieving morphine. The authors concluded that older patients and minority patients were more likely to have their pain untreated.[144]

The time has come to set a standard for caring for the vulnerable among us—a standard that goes beyond making sure they are housed and fed and not openly abused. We must stop looking the other way, and we, as a society, must take responsibility for the way in which we deal with those who are unable to care for themselves.

WHAT REMAINS TO BE UNCOVERED

Our ongoing research will continue to quantify the iatrogenic morbidity, mortality and financial loss in out-patient clinics, transitional care, long-term care, rehabilitative care, home care, private practitioners' offices as well as hospitals due to:

1. X-ray exposures: mammography, fluoroscopy, CT scans;
2. Overuse of antibiotics in all conditions;
3. Drugs that are carcinogenic: hormone replacement therapy (* see below), immunosuppressive drugs, prescription drug;
4. Cancer chemotherapy: if it doesn't extend life, is it shortening life?;[70]
5. Surgery and surgical procedures;
6. Unnecessary surgery: Caesarean section, radical mastectomy, preventive mastectomy, radical hysterectomy, prostatectomy, cholecystectomies, cosmetic surgery, arthroscopy, etc.;
7. Medical procedures and therapies;
8. Discredited, unnecessary and unproven medical procedures and therapies;
9. Doctors themselves: when doctors go on strike, it appears the mortality rate goes down;
10. Missed diagnoses.

* Part of our ongoing research will be to quantify the mortality and morbidity caused by hormone replacement therapy (HRT) since the mid-1940s.

In December 2000, a government scientific advisory panel recommended that synthetic oestrogen be added to the nation's list of cancer-causing agents.

HRT, either synthetic oestrogen alone or combined with synthetic progesterone, is used by an estimated 13.5 to 16 million women in the United States.[145]

The aborted Women's Health Initiative Study (WHI) of 2002 showed that women taking synthetic oestrogen combined with synthetic progesterone have a higher incidence of ovarian cancer, breast cancer, stroke and heart disease and little evidence of osteoporosis reduction or prevention of dementia.

WHI researchers, who usually never give recommendations other than demanding more studies, are advising doctors to be very cautious about prescribing HRT to their patients.[100, 146–150]

Results of the "Million Women Study" on HRT and breast cancer in the UK were published in the *Lancet* of 9 August 2003. Lead author, Professor Valerie Beral, Director of the Cancer Research UK Epidemiology Unit, is very open about the damage HRT has caused. She said: "We estimate that over the past decade, use of HRT by UK women aged 50–64 has resulted in an extra 20,000 breast cancers, oestrogen–progestogen (combination) therapy accounting for 15,000 of these."[151]

However, we were not able to find the statistics on breast cancer, stroke, uterine cancer or heart disease due to HRT used by American women.

The population of America is roughly six times that of the UK. Therefore, it is possible that 120,000 cases of breast cancer have been caused by HRT in the past decade.

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CONCLUSION

When the number-one killer in a society is the health care system, then that system has no excuse except to address its own urgent shortcomings. It's a failed system in need of immediate attention.

What we have outlined in this paper are insupportable aspects of our contemporary medical system that need to be changed—beginning at its very foundations. ∞

Editor's Note:

Due to space constraints, we are unable to publish the endnotes accompanying this article; instead, we have posted them with the article on our website, http://www.nexusmagazine.com. Readers without Internet access can request a copy of the endnotes from their nearest NEXUS Office.

 For more articles relating to alternative health and nutrition, visit the library at Gary Null's Natural Living website, http://www.garynull.com.

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